



Health



Frequently asked questions for ED Directors and Nurse Managers, ED Clinicians, Data and Performance Managers

19th May 2021

Background

What is Activity Based Funding (ABF)?

ABF, in the context of health, is a way of funding hospitals for the number and mix of patients they treat. ABF considers the fact that some patients are more complex and resource intensive to treat than others. Under the ABF model in NSW, health services are funded at a unit price (weighted activity unit) based on activity agreed in service agreements with the Secretary, NSW Health.

What is Activity Based Management (ABM)

Activity Based Management (ABM) is an evidence-based management approach that uses patient level data to inform strategic decision-making. ABM is the application of Activity Based Funding (ABF) data to make more informed decisions about patient care and enable the system to deliver maximum value.

What is the difference between pricing, costing and funding?

Clinical costing is the allocation of healthcare related costs to patient activity. A healthcare facility combines financial data (expense) with patient activity and utilisation information (eg diagnostics, pharmacy) to calculate the cost of care at an individual patient encounter level. Costing informs the service price setting.

Each patient activity class is allocated a **price** weight based on the relativities identified in the clinical costing studies.

Funding is the amount received for the services provided and the currency used is NWAU.

What is an NWAU?

The National Weighted Activity Unit NWAU is the unit for counting healthcare service activity, based on the clinical complexity of patients and legitimate variations in costs. An NWAU can be described as a single 'currency' that expresses relative resource use for healthcare across all settings. The 'average' hospital service is equivalent to one NWAU. More intensive and expensive activities are funded by multiples of NWAUs, and simpler and less expensive activities are funded by fractions of a NWAU

What is the AECC?

The Australian Emergency Care Classification. A new diagnosis-based classification system for emergency care developed by the Independent Hospital Pricing Authority (IHPA) to replace the Urgency Related Groups (URGs) for Emergency Departments activity grouping. The classification provides more accurate and clinically meaningful data on emergency care services; particularly the allocation of resources to reflect the complexity of patient care.

What is the URG classification system?

The Urgency Related Groups (URG) classification was introduced in 2012 as a temporary ED classification for the purposes of activity based funding. The classification uses the variables required for AECC however the emphasis on the variables has shifted under the AECC, for example, the Triage category while still very relevant, doesn't have as much emphasis as ED principal diagnosis under the AECC.

Where can I find more information?

The AECC full report https://www.ihpa.gov.au/sites/default/files/aecc_final_report.pdf

The AECC definitions manual

https://www.ihpa.gov.au/sites/default/files/aecc_definitions_manual_version_4.pdf

How does this differ from the URG classification system?

This classification better reflects the activity in ED and is driven by costs and increases emphasis on ED diagnosis as opposed to the URG where triage category was more weighted.

Why is it changing?

URGs were only introduced as an interim classification when activity-based funding commenced in 1 July 2012. IHPA subsequently reviewed the utility of the classification and determined that it was not suitable for use on an ongoing basis.

What is a ECC, ECDG and Complexity level and why are they important?

Emergency Care Category (ECC) is a high level (or parent) grouping of ECDGs and mainly used to navigate the ECDGs examples are : E01 Nervous system and neurological, E02 Eye, E03 Ear, nose, mouth and throat, E04 Respiratory

Emergency care diagnosis groups (ECDG) Groupings of short list diagnoses reflecting care pathways. Examples of ECDGs in the ECC *E01 Nervous System and neurological* are

E0110 Dementia and other chronic brain syndromes

E0120 Delirium

E0130 Stroke and other cerebrovascular disorders

E0140 TIA and precerebral occlusion

Complexity level refers to the splitting of ECDGs into end classes that represent different levels of complexity. End classes that end in A represent the highest complexity. There are 5 complexity splits (A, B, C, D and Z) within the ECDG. Z indicates that the ECDG does not have a complexity split.

These elements underpin the structure of the AECC.

So, if a patient comes in with E4430 asthma that is classed as severe and there isn't a subcategory for severe asthma, how will this diagnosis be accurately allocated to the activity?

The severity will map based on the other variables (triage, end status, mode of arrival, age etc). Therefore, the severity of the Asthma will be accurately allocated to the activity.

What is a SNOMED Code?

SNOMED CT (Systematized Nomenclature of Medicine -- Clinical Terms) is a standardized, multilingual vocabulary of clinical terminology that is used by physicians and other health care providers for the electronic exchange of clinical health information

Will this affect our Emergency Department funding?

No, activity in ED will still be counted, costed and priced; only the activity will be classified by the AECC classification as opposed to URG. The AECC has its own set of price weights.

What is data quality and compliance?

Refers to the completeness of the data collections for each care type, the more complete the better the quality. Compliance refers to the how well the data adheres to the data collection specifications.

Where can I find a list of acronyms/glossary?

<https://www.ihpa.gov.au/education-tools/acronyms-and-abbreviations>

What is DQIPP?

Data Quality for Improved Performance Program DQIPP application measures and reports on multiple components of data quality of NSW Health datasets and allows LHDs to benchmark their own data quality against other LHDs. For questions about ACCESS to the App contact paul.wagland@health.nsw.gov.au

How can I get a copy of my errors and Invalid codes within my department / LHD?

Data errors can be viewed in the DQIPP application. Please speak with your ED data manager or equivalent to view the data errors.

Will each site be able to see a list of patients they have seen that attract invalid codes?

Yes this information is available in the DQIPP application. Please speak with your ED data manager or equivalent to view the data errors.

Is the AECC going to be available in the HIE?

Yes the AECC will be available through the HIE. Date of availability is yet to be confirmed.

Implementation

Does the new AECC affect how I enter data in eMR?

No, you will continue to input ED data as normal, however there is a greater emphasis on entering ED diagnosis or the most definitive symptom.

Are there any implications for the different types of eMR (ie Cerner, iPM)

No, ED clinicians will continue to input information into their eMR as they have done in the past.

Are there any IT changes required to our eMR , Cerner systems?

No, all the data variables collected under the AECC are currently collected in existing data source systems.

What data quality do I need to improve in my Emergency department?

Data quality is monitored by Ministry of Health and by ED data managers. There are many data elements that need to be collected, however ED diagnosis is the most important.

What resources are there to help me improve the data quality in my Emergency Department?

Data quality is measured and reported by Data Quality for Improved Performance Program (DQIPP App) which enables hospitals to review their data for errors. The data is refreshed weekly.

The application consists of six main tabs: Dashboard, KPIs, Adjustors, Analysis, Self Service and Supporting docs. For questions about access to the App contact paul.wagland@health.nsw.gov.au

Sometimes we find that the diagnosis is changed by the inpatient team after discharge from ED, then this throws out a diagnosis error and we have to fix it. How can we avoid this?

A script has been developed which can be built into eMR / Firstnet. This script acts as a pop-up message to alert clinicians not to modify or delete the ED Diagnosis. Please contact Rahelle.Mirzarazi@health.nsw.gov.au to obtain the script which can then be implemented into the eMR at your LHD.

So, if the data errors are reviewed by the data managers, then why do I need to change?

Not all ED's have data managers so it is important that you enter the information into data source systems as completely as possible. Additionally, it is not a part of the ED Data Manager role to determine a diagnosis, this is a role for the clinician.

What kind of errors are you seeing that relate to diagnosis?

- Diagnosis is missing
- Diagnosis not reflecting results of investigations performed in ED
- Diagnosis should be a condition and not the cause of injury

What about those patients that did not wait to be seen?

Clinicians can only enter a diagnosis if known, otherwise a presenting problem is the next best option.

What about a patient that is diagnosed with a elderly fall and a sub arachnoid hemorrhage? Which one should I put as the diagnosis?

In this scenario, sub arachnoid hemorrhage would be the principal diagnosis once investigations have proven this to be true.

Can you give me some examples of the errors?

Situation: Patient presents with abdominal pain. Investigations show no abnormality Error: Choose the symptom 'unwell' Correct choice: Choose the diagnosis Abdominal Pain	Situation: Patient presents with chest pain. ECG and cardiac enzymes measured in ED show NSTEMI Error: Choose the symptom chest pain Correct choice: Choose the diagnosis NSTEMI	Situation: No diagnosis is entered Error: Leave the diagnosis field blank Correct choice: Choose a diagnosis from the list.
Situation: Patient presents with abdominal pain.	Situation: Patient presents with ankle pain and	

<p>Investigations point to cholecystitis. Error: Choose the symptom abdominal pain Correct choice: Choose the diagnosis Cholecystitis</p>	<p>swelling. X-ray shows bimalleolar ankle fracture. Error: Choose ankle pain or ankle swelling Correct choice: Choose the diagnosis of bimalleolar fracture of ankle</p>	
<p>Situation: Elderly patient presents with a painful wrist after a fall. X-ray shows Colles' Fracture Error: Choose elderly fall Correct choice: Choose Colles' fracture</p>	<p>Situation: Patient presents with concussion due to Motor Vehicle Accident (MVA) Error: Choose Motor Vehicle Accident (MVA) Correct choice: Choose concussion</p>	

If you have any further questions please contact Josephine.andrews@health.nsw.gov.au